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# Gates & Cooper LLP

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Attn: Examiner Chuong D. Ngo

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FROM:

Victor G. Cooper

OUR REF.:

G&C 31006.2-US-U1

TELEPHONE: (310) 642-4142

Total pages, including cover letter: 25

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Title of Document	TRANSMITTAL SHEETS, PETITION FOR EXTENSION OF					
Transmitted:	TIME, AND AMENDMENNT UNDER 37 C.F.R. §1.111.					
Applicant:	Alan N. Willson, Jr. et al.					
Serial No.:	09/938,978					
Filed:	August 24, 2001					
Group Art Unit:	2193					
Title:	BYPASSABLE ADDER					
Our Ref. No.:	G&C 31006.2-US-U1					

Please charge all fees to Deposit Account No. 50-0494 of Gates & Cooper LLP.

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Name: Victor G. Cooper

Reg. No.: 39,641

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Due Date: March 2, 2006

### IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant:

Alan N. Willson, Jr. et al.

Examiner:

~~~ Chuọng D, Ngọ

Scrial No.:

09/938,978

Group Art Unit:

2193

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August 24, 2001

Docket:

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Title:

BYPASSABLE ADDER

CERTIFICATE OF MAILING OR TRANSMISSION UNDER 37 CFR 1.8

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on March 2, 2006.

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MAIL STOP AMENDMENT Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

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Transmittal sheet, in duplicate, containing a Certificate of Mailing or Transmission under 37 CFR 1.8.

Amendment Under 37 C.F.R. §1.111.

Petition for Extension of Time under 37 C.F.R. 1.136 for 1 month.

Charge the Extension Fee in the amount of \$60.00 to the Deposit Account.

CLAIMS PRESENT

|                       | CLAMINO                             | KESEN I         |   |          |   |        |
|-----------------------|-------------------------------------|-----------------|---|----------|---|--------|
| Claims Remaining:     | Highest Number Previously Paid For: | Number<br>Extra |   | Rate     |   | Fee    |
| Total Claims          |                                     |                 | Ì |          |   |        |
| 53                    | 53                                  | 0               | х | \$25.00  |   | \$0.00 |
| Independent Claims    |                                     |                 |   |          |   |        |
| 7                     | 7                                   | 0               | х | \$100.00 | 7 | \$0.00 |
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T-139 P 003

F-392

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|------------------------|-------------------------------------|----------------------------------------|---|----------|-----|--------|
| Total Claims           |                                     |                                        |   |          |     |        |
| 53                     | 53                                  | 0                                      | X | \$25.00  | - = | \$0.00 |
| Independent Claims     |                                     | ·                                      |   |          |     |        |
| 7                      | 7                                   | 0                                      | х | \$100.00 | =   | \$0.00 |
| MULTIPLE DEPENDENT CL. | AIM FEE                             |                                        |   |          |     | \$0.00 |
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